

## After School STEAM Enrichment Program

### STUDENT ENROLLMENT FORM



#### CHILD'S INFORMATION *Please print clearly: ALL INFORMATION MUST BE PROVIDED*

SCHOOL: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender:  
 Male  
 Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Grade:**  
 5  
 6  
 7  
 8

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_ **Student ID# / Lunch #** \_\_\_\_\_



#### PARENT/LEGAL GUARDIAN INFORMATION *Please print clearly*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address \_\_\_\_\_



#### EMERGENCY AND MEDICAL INFORMATION *Please print clearly*

**\*\*The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child in the event of early dismissal or illness; and 3) have the authority to speak on behalf of the parent or legal guardian\*\***

FULL NAME	RELATIONSHIP	HOME NUMBER	CELL/WORK NUMBER
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FULL NAME	RELATIONSHIP	HOME NUMBER	CELL/WORK NUMBER
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FAMILY PHYSICIAN

PHYSICIAN PHONE NUMBER

My child has allergies which are: \_\_\_\_\_

My child has medical concerns or special needs which are: \_\_\_\_\_

My child takes medication(s) which are: \_\_\_\_\_



#### **DESIRED MAJOR**

*Please print clearly:* \_\_\_\_\_

The program would like to gain a better sense of what art forms the students would like to participate in. We ask that you fill out your child's desired major is while they attend our program. Please fill in Visual Art, Dance, Music or Theater above.

Complete Page 2

**PROGRAM REFERRAL**  
If a classmate or teacher referred you to the program, Please tell us who!

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_



**CHILD RELEASE FROM AFTER SCHOOL** Please print clearly

I, hereby give permission for my child to attend The After School STEAM Enrichment Program. I give permission for my child to be dismissed in the following way:

**Please read carefully & choose accordingly:**

- \_\_\_\_\_ My child has permission to walk home from The After School STEAM Enrichment Program.
- \_\_\_\_\_ My child will ride public transportation home from The After School STEAM Enrichment Program.
- \_\_\_\_\_ I will pick up my child from The After School STEAM Enrichment Program.
- \_\_\_\_\_ My child has permission to be picked up by \_\_\_\_\_ from The After School STEAM Program.  
(Print Name)



**ENROLLMENT AGREEMENTS** Please print clearly

Please read the following agreements carefully and sign at the bottom.

**Release Agreement:** I understand that the school building closes promptly after the After School STEAM Program ends each day. I also understand that, if I elect to pick up my child, I am responsible for my child leaving the program on time. If I am late more than three times to pick up my child, I understand that the program and school staff has the right to remove my child from the program.

**Emergency Care Release:** In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

**Photography Release:** I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of PAEP promotional use. If I do not want my child photographed, videotaped, and/or interviewed, I must notify PAEP in writing.

**Enrollment Agreement:** I understand that this enrollment form must be filled out **completely**. Missing sections may prevent my child from attending the program.

**Code of Conduct:** I understand my child is required to follow The School District of Philadelphia's Student Code of Conduct. I understand that all parents and children are expected to respect the program and school staff. If my child exhibits inappropriate behavior during the program a behavior report will be issued. After three behavior reports, my child may be suspended or removed from the program.

\_\_\_\_\_ **Print Parent/Guardian Name**

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Date**

**\*Please submit this Enrollment Form to the school's Main Office\***

**PLEASE NOTE:** All information on this form is needed to secure funding for this program. Information is kept confidential will NOT be used for ANY other purpose.

*This program is funded by the PA Department of Education's 21<sup>st</sup> Century Community Learning Center*



**Complete Page 1** 